

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039130

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 320

FILED NOV 13 1963

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton		c. CITY OR TOWN Jefferson City	
Length of stay in 1b 8 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 1		d. STREET ADDRESS (If outside, give location) 1206 Oak St.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First John Middle Steven Last ARNEY			4. DATE OF DEATH Month Nov. Day 6 Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-20-1947	9. AGE (last birthday) 15	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student			10b. KIND OF BUSINESS OR INDUSTRY same		
11. BIRTHPLACE (City and state or country) Missouri			12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Roy Arney			13b. MOTHER'S MAIDEN NAME Ruth Cole		
14. NAME OF HUSBAND OR WIFE none			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		
16. SOCIAL SECURITY NO. [redacted]			17. INFORMANT Address State Hospital No. 1, Fulton, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia Lower nephron nephrosis Hyperpyrexia following electric shock therapy		INTERVAL BETWEEN ONSET AND DEATH
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b)		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
State Hospital No. 1 10-28-1963 to 11-6-1963		and last saw him drive on X X X X X	
21. attended the deceased from 8:45 P.M.		Death occurred at .m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE F. P. Henderson	(Degree or title)	22b. ADDRESS Fulton, Missouri	22c. DATE SIGNED 11/7/63
23a. BURIAL, CREMATION, REINTERMENT (Specify)	23b. DATE Nov. 9, 1963	23c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery	23d. LOCATION (City, town, or county) Brazil, Missouri (State)

24. FUNERAL DIRECTOR Tanner Funeral Home, Jefferson City, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. Nov-9-1963	26. REGISTRAR'S SIGNATURE Martha Lawrence
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(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

12/10/63
12/10/63
12/10/63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Pending autopsy report

18a Uremia

18b Lower nephron nephrosis

18c Hyperpyrexia following electric shock therapy

BY AFFIDAVIT OF attending physician

DOCUMENT

USE BLACK INK

OR

TYPEWRITER RIBBON

NOV 14 1963

NOV 15 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Omer L. [Signature]

Licensed Embalmer No. 4411

P. O. Address

Bell Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.